



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|   |                        |                          |
|---|------------------------|--------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/005,040-Conf. #8441   |
|   | Filing Date            | December 4, 2001         |
|   | First Named Inventor   | Peter J. Klopotek, Ph.D. |
|   | Art Unit               | 3737                     |
|   | Examiner Name          | Eleni M. Mantis Mercader |
| Total Number of Pages in This Submission  | Attorney Docket Number | 101646-0006              |

**ENCLOSURES (Check all that apply)**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request For Continued Examination<br>Check for \$395.00 (RCE filing fee)<br>Check for \$225.00 (Extension Fee)<br>Return Receipt Postcard |
| <b>Remarks</b>   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                             |          |        |
|--------------|-----------------------------|----------|--------|
| Firm Name    | NUTTER MCCLENNEN & FISH LLP |          |        |
| Signature    |                             |          |        |
| Printed name | Thomas J. Engellenner       |          |        |
| Date         | January 21, 2005            | Reg. No. | 28,711 |

|  |                                     |
|--|-------------------------------------|
| <b>Transmittal</b>   |                                     |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                                     |
| Dated: January 21, 2005  | Signature:  (Thomas J. Engellenner) |

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|   |      |  |  |
|---|------|--|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |      | <b>Complete if Known</b><br>Application Number 10/005,040-Conf. #8441<br>Filing Date December 4, 2001<br>First Named Inventor Peter J. Klopotek, Ph.D.<br>Examiner Name Eleni M. Mantis Mercader<br>Art Unit 3737<br>Attorney Docket No. 101646-0006 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |      |  |  |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 620.00   |  |

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account    Deposit Account Number: 141449    Deposit Account Name: Nutter McClennen & Fish LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                      |                     |                 |                      |                                  |                 |                      |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____                | _____               | _____           | _____                | _____                            | _____           | _____                |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                 |                      |
| _____                | _____               | _____           | _____                |                                  |                 |                      |

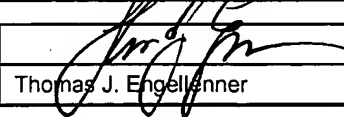
**3. APPLICATION SIZE FEE**

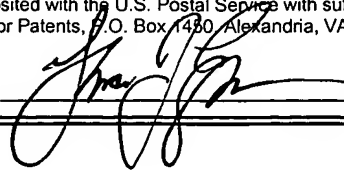
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____        | _____        | _____  | _____    | _____         |

**4. OTHER FEE(S)**

|  | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                      |                |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month | 225.00         |
| 2801 Request for continued examination (RCE) (see 37 ...)                            | 395.00         |

|                     |   |  |                          |
|---------------------|---|--|--------------------------|
| <b>SUBMITTED BY</b> |   |  |                          |
| Signature           |  | Registration No. (Attorney/Agent) 28,711 | Telephone (617) 439-2000 |
| Name (Print/Type)   | Thomas J. Engellener  | Date                                     | January 21, 2005         |

|  |  |
|--|--|
| <b>Fee Transmittal</b><br>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450, on the date shown below.<br>Dated: January 21 2005    Signature:  (Thomas J. Engellener) |  |
|--|--|